### IN THE UNITED STATES DISTRICT COURT FOR THE MANDLE DISTRICT OF ALABAMA EXSTERNODIVISION

| KINERA LOVE, Plaintiff,     | (11 <b>.)</b><br>(元 <b>3</b> ) (元帝 <sup>6</sup> |
|-----------------------------|---|
| ,                           | ) CIVIL ACTION NO.:                             |
| v.                          | ) 03-06cv1147-MHT-SRW                           |
|                             | )   |
| DOLLAR GENERAL CORPORATION, | )   |
| d/b/a DOLGENCORP,           | )   |
| Defendant.                  | )   |

### PLAINTIFF'S REPLY BRIEF TO DEFENDANT'S OBJECTION AND MOTION TO STRIKE

The Plaintiff, by and through her attorney of record, files this Reply Brief in response to the Defendant's Objection and Motion to Strike. The Plaintiff respectfully request that this Honorable Court overrule the Defendant's objections and deny its motion to strike. As grounds, the Plaintiff offers the following for the Court's consideration:

#### PLAINTIFF'S AFFIDAVIT

The Plaintiff contends that her Affidavit is not conclusory and does not contradict her prior deposition testimony. It, in fact, supports her deposition testimony. The evidence clearly shows that the Plaintiff reported that she was being discriminated against when she was not promoted to the position of assistant manager at Dolgencorp. Additional evidence of that fact is the telephone record of the call reporting the initial

complaint, as well as the follow-up investigation of the complaint of discrimination. 1

The Plaintiff's testimony consistently shows she was terminated without knowledge of her suspension. In addition, it is clear to the Plaintiff that the Defendant used the alleged accusations against her to terminate her because the evidence shows that two different Personnel Action Forms were submitted to affect the Plaintiff's termination (See attached Exhibits B and C). In Exhibit C, the reason for the Plaintiff's discharge is shown to be "mishandling or failure to protect company funds or assets (cash shortages, borrowing money from Company, etc.). The Plaintiff was never informed of this and was never allowed the opportunity to face her accusers. This is not just a conclusion drawn by the Plaintiff. The evidence speaks for itself. Id.

The Plaintiff contends that the best evidence of her statements and of the statements of her key witness, Tiffany Cross, is held by the Defendants. Once this Court compels the Defendants to respond to the Plaintiff's discovery request, she will be in a better position to respond to the Defendant's Objection and Motion to Strike.

WHEREFORE, PREMISES CONSIDERED, the Plaintiff prays that this Honorable Court will sustain the Defendant's objection and

<sup>&</sup>lt;sup>1</sup> Here, if allowed to supplement this response with the requested discovery, the Plaintiff will insert an exhibit of the company's telephone record of the date and time of the complaint made by the Plaintiff which will show the actual telephone number called and the date(s) on which the complaint was made. The telephone number purports to concur with the one that is displayed

Respectfully submitted,

Lateefah Muhammad (Ala. Code MUH00

ATTORNEY FOR PLAINTIFF

Lateefah Muhammad, Attorney At Law, P.C.

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Tuskegee, Alabama 36087

(334) 727-1997 telephone and facsimile

lateefahmuhammad@aol.com

#### CERTIFICATE OF SERVICE

I hereby certify that a copy of the foregoing Plaintiff's Reply Brief to the Defendant's Objection to and Motion to Strike to Ryan Aday, Esquire, attorney for Defendant, by sending it to OGLETREE DEAKINS, P.C., One Federal Place, Suite 1000, 1819 Fifth Avenue North, Birmingham, Alabama 35203, in the United States Mail, postage prepaid on this 27<sup>th</sup> day of February, 2008.

## EXHIBIT A

 Cost Center
 Type
 033813-033813

 06519
 S

 Att: Payroll Department

Att: Payroll Department
DOLGENCORP, INC
c,b DOLLAR GENERAL CORPORATION
100 MISSION RIDGE
GOODLETTSVILLE, TN 37072-2171

Taxable Marital Status: S Social Security Number: Exemptions/Allowances

Federal: 01 State: 00 Local:



| Earnings   | Rate     | Hours         | This period | Year-to-date |
|------------|----------|---------------|-------------|--------------|
| REGULAR    | 5.35     | 39.25         | 209.99      | 852.01       |
|            | Gross Pa |               | \$209,99    | 852,01       |
| Deductions |          | Statutory     |             |              |
|            | FICA EE  |               | 13.01       | 52.82        |
|            | MEDICARE |               | 3.04        | 12.35        |
| -1         | FED W/H  |               | 9,75        | 40-20        |
|            | AL W/H   |               | 7.32        | 29.82        |
|            | Net Pav  |               | \$176.87    |              |
|            |          | ************* |             |              |

### **Earnings Statement**

Page 001 of 001 04/29/2005

Period Ending: 04/29/2005 Check Date: 05/06/2005 Check Number: 0071639994 Batch Number: 000000327

KINERA LOVE 409 A TOOMER COURT APT 409 A OPELIKA, AL 36830

| Other Benefits | and        | į.              |
|----------------|------------|-----------------|
| Information    | This perio | d Total to date |

Message:

CALL 1-888-237-4114 TO REPORT DISCRIMINATION

# EXHIBIT B

(See reverse side for complete instructions.)



#### **Dollar General Personnel Action Form**

PLEASE PRINT IN BLACK INK, AND ONLY COMPLETE SECTIONS THAT ARE CHANGING.

| Effective Date of Change: 10,24,0   | Store Dollar General Store # 8605  Dept. 1655 S College St  Name Astrum, AL 26832-6639  |  |  |  |
|---|---|--|--|--|
| ☐ Personal Changes New Marital Status: ☐ Married ☐ Single  Name Change: (must attach a copy of Social Security Card showing the new legal name - required for processing)  Previous Name:   |   |  |  |  |
| New Address: Street Address: Zip: New   | v Home Phone Number: ()   |  |  |  |
| ☐ Job Changes ☐ Promotion ☐ Demotion  Dept./Store/Cost Center: From: To:  Job Code: From: To:  (Must change if promotion or demotion occurred)  Position/Title: From:   | Rate of Pay: From: To: Per hour or annual salary Shift Code: From: To: Per hour or annual salary  Supervisor:   |  |  |  |
| Job Status: 🔾 Full Time 🔻 Part Time 🗘 DG Tempor   |   |  |  |  |
| Reason for Separation Termination Date: エン/24/05 Last Day Worked: ユム/ユリノン5  |   |  |  |  |
| Resign  ( ) 01 Dissatisfied with employment ( ) 70 Falled to return to work from leave ( ) 08 Health reasons ( ) 04 Moved from area ( ) 05 Personal reasons ( ) 02 Pursue another job ( ) 71 Resigned during investigation ( ) 07 Retirement (see instructions on reverse side for explanation) ( ) 03 Return to school ( ) 08A Without notice — 3 consecutive work days, no call—no show ( ) 08B Without notice — walked off job during scheduled work hours ( ) 08 Without notice — walked off job during scheduled work hours ( ) 08 Without notice — walked off job during scheduled work hours ( ) 08 Without notification (comments required below) | Discharge   |  |  |  |
| Leave of Absence  NOTIFY HRIHRIS FOR LEAVE APPROVAL.  ( ) 27 Extended Medical Leave  ( ) 24 Family Medical Leave (FMLA)  ( ) 20 Medical Leave (not FMLA eligible)  ( ) 22 Military Leave  ( ) 28 Pending Investigation  ( ) 21 Personal Leave  NOTIFY RISK MANAGEMENT FOR W/C LEAVE APPROVAL.  ( ) 23 Workers' Compensation   | Miscellaneous  ( ) 15 Death ( ) 16 Elimination of position ( ) 60 Hired but never worked ( ) 19 Lack of work ( ) 18A Store closing — natural disaster (tornado, fire, etc.) ( ) 18 Store closing — other ( ) 17 Other (comments required below) |  |  |  |
| comments: tailed to Re Interlevel in A Store Hates.  investigation refused to speak with the toset protection  supervisors, on the Issues that were in question   |   |  |  |  |
| I certify that all the information above is correct.  M. J. M. C. W. L.  Employee Signature  Date   | Manager/Supervisor Signature Date   |  |  |  |

Store changes send to: HRIS at Mission Ridge DCs send to: DC Muman Resources
Corporate and Field Management send to: Compensation Dept. at Mission Ridge DCs send to: DC Human Resources Dept.

# EXHIBIT C

(See reverse side for complete instructions.)



#### **Dollar General Personnel Action Form**

PLEASE PRINT IN BLACK INK, AND ONLY COMPLETE SECTIONS THAT ARE CHANGING.

| Social Security Number: $\frac{7}{6}$ - $\frac{6}{6}$ - $\frac{6}{7}$ $\frac{7}{15}$ (required for processing)  Employee Name: $\frac{1}{10}$ Effective Date of Change: $\frac{11}{10}$ $\frac{9}{10}$   | Store Doffar General Store # 8666 Stamp/ 1655 S College St Name Auturn, AL 32832 stan  |  |  |
|--|--|--|--|
| Personal Changes New Marital Status:     Married   Single  |  |  |  |
| Job Code: From: To: (Must change if promotion or demotion occurred)  Position/Title: From:   | Rate of Pay: From: To: Per hour or annual salary Shift Code: From: To: To: To: Supervisor: |  |  |
| Reason for Separation or Leave of Absence  Termination Date: 上上/으ュノ으ュ Leave Begin Date://  Last Day Worked:// Leave End Date://  |  |  |  |
| Resign  ( ) 01 Dissatisfied with employment ( ) 70 Falled to return to work from leave ( ) 08 Health reasons ( ) 04 Moved from area ( ) 05 Personal reasons ( ) 02 Pursue another job ( ) 71 Resigned during investigation ( ) 07 Retirement (see instructions on reverse side for explanation) ( ) 03 Return to school ( ) 08A Without notice — 3 consecutive work days, no call—no show ( ) 08B Without notice — walked off job during scheduled work hours ( ) 08 Without noticication (comments required below)  | Discharge  |  |  |
| Leave of Absence  NOTIFY HR/HRIS FOR LEAVE APPROVAL.  ( ) 27 Extended Medical Leave ( ) 24 Family Medical Leave (FMLA) ( ) 20 Medical Leave (not FMLA eligible) ( ) 22 Military Leave ( ) 28 Pending investigation ( ) 21 Personal Leave  NOTIFY RISK MANAGEMENT FOR W/C LEAVE APPROVAL. ( ) 23 Workers' Compensation  Comments: Faz/ To Compley WZTS  | Miscellaneous  ( ) 15 Death ( ) 16 Eilmination of position ( ) 60 Hired but never worked ( ) 19 Lack of work ( ) 18A Store closing — natural disaster (tomado, fire, etc.) ( ) 18 Store closing — other ( ) 17 Other (comments required below)   |  |  |
| I certify that all the information above is correct.  I certify that all the information above is correct.  Employee Signature  Date    Certify that all the information above is correct.   Ce |  |  |  |

Store changes send to: HRIS at Mission Ridge DCs send to: DC Human Resources Dept. Corporate and Field Management send to: Compensation Dept. at Mission Ridge